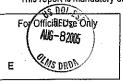
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7 / 1 / 2001 Through: 12 / 31 / 04

4. Name, file number, and address of labor organization.

Name Donald T Crane	Name Ohio & Vicinity Reg. Council of Carpenters	
	Labor Organization File Number 540-12	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 14156 Duck Creek	Street 3615 Chester Avenue	
City Cale Sale Management of the Control of the Con	City Cleveland	
State	State Ohio ZIP Code + 4 44114-4694	
5. Position in labor organization. Youngstown/Steubenville Millwright Business Representative		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name [
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b, Amount,	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

Date

Telephone Number

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Ohio Valley Construction Employers Cncl. Trade Name, if any: P.O. Box, Bldg., Room No., if any	Golf Outing/Dinner		
Street 21 Armory Drive	11.b. Approximate dollar value of such dealing.	\$100.00	
State WY ZIP Code + 4 26003	12.a. Nature of interest held or income received		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name (
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	promining and the second s		
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Supplementary Schedule Value is an estimate Comment Dollar Value employers in Northeast \$100.00 Estimated Nature of Relationship to Represents union <u>Employer</u> 2004 LM-30 Name & Address of Employer O.V.C.E.C. 21 Armory Drive Wheeling, WV 26003 Name: Denald T. Cane
File No.: U
File No.: U
Svent CEA Golf Outing Ω 9/27/04 N 3 4 Ś 9 7 2 œ 6

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8/1/2005